

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/623486**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				91						
2		1		1			92						
3		2		1			93						
4		1		1			94						
5		1		1			95						
6	1		1				96						
7		1		1			97						
8		1		1			98						
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50													
TOTAL IND.		1	2				TOTAL IND.						
TOTAL DEP.				6			TOTAL DEP.						
TOTAL CLAIMS			8				TOTAL CLAIMS	5					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3631